

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**59-011767**

STATE FILE NUMBER

**FILED APR 14 1959** Registration District No. 317 Primary Registration District No. 590 Registrar's No. 846

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST LOUIS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shrewsbury</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7500 Murdoch</u> Length of stay in lb <u>YRS</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST LOUIS</u> c. CITY OR TOWN <u>Shrewsbury 4561</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>7500 Murdoch</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Jennie</u> Middle <u>Mae</u> Last <u>Hans</u>				<b>4. DATE OF DEATH</b> Month <u>Mar.</u> Day <u>27</u> Year <u>1959</u>					
<b>5. SEX</b> <u>female</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Jul 20, 1885</u>		<b>9. AGE</b> (In years last birthday) <u>73</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unk. H. usewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Michigan</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Unk. Loudon</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>					
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT</b> Address <u>Dr. Willard J. Hans 7500 Murdoch</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thromboplegia &amp; Coma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diffuse Carcinomatosis</u> DUE TO (c) <u>Carcinoma of breast 170X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Apoplectic Stroke, Thromboplegia. 8 yrs.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
<b>19a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>				<b>19b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>Apoplectic Stroke, Thromboplegia. 8 yrs.</u>				<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>20a. TIME OF INJURY</b> Hour <u>5:15</u> Month, Day, Year <u>Oct 1958</u> a. m. p. m.				<b>20b. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				<b>20c. CITY, TOWN, OR LOCATION</b> COUNTY STATE <u>St. Louis</u> <u>Mo.</u>	
<b>21. I attended the deceased from</b> <u>Oct 1958</u> <b>to</b> <u>March 27/59</u> <b>and last saw her</b> <u>alive on</u> <u>3/27/59</u> <b>Death occurred at</b> <u>5:15 p.m.</u> <b>m on the date stated above; and to the best of my knowledge, from the causes stated.</b>									
<b>22a. SIGNATURE</b> (Degree or title) <u>L. C. Miller M.D.</u>				<b>22b. ADDRESS</b> <u>2606 S. Knap Highway</u>				<b>22c. DATE SIGNED</b> <u>3/28/59</u>	
<b>23a. REMOVAL</b> <u>removal</u>		<b>23b. DATE</b> <u>3-30-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Burial Park</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Southern Funeral-Home</u> <u>6322 S. Grand, St. Louis, Mo.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-29-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>John C. Murphy M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.